

PLACE OF BIRTH
Santa Cruz
of
Nogales
of
Ariz

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
(No. _____ St. _____ Ward _____)

State Index No. _____
Co. Register No. 68
Local Registrar's No. _____

NAME OF CHILD Julia Beam Farnior
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Born } YES
{ Alive } NO

Sex of Child	Female	Twin, Triplet or other		and	Number in order of birth	2	Legitimate?	Yes	Date of Birth	June 6 1921
(Month) (Day) (Yr.)										
FATHER					MOTHER					
Full Name Harry Terne Farnior					Full Maiden Name Julia Beam					
Residence Nogales					Residence Nogales					
Color or Race White					Color or Race					
Age at last Birthday 31					Age at last Birthday 23					
(Years)					(Years)					
Birthplace Chula Vista					Birthplace La Jolla					
Occupation Merchant					Occupation Housewife					

Number of child of this mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on June 6, 1921, at 3 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) _____
(Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report. 191

Address _____

169-606-129
COUNTY REGISTRAR.

Filed July 10 1921
A True Copy
Filed 7/10 1921

LOCAL REGISTRAR.
COUNTY REGISTRAR.

RECEIVED JUL 10 1921